



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection
prévus le Loi de 2007 les
foyers de soins de longue**

Health System Accountability and Performance
Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la performance et de la
conformité

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
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119, rue King Ouest, 11^{ème} étage
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Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Sep 28, 29, Oct 3, 6, 17, 18, 2011	2011_060127_0033	Complaint

Licensee/Titulaire de permis

MAPLEWOOD NURSING HOME LIMITED
500 QUEENSWAY WEST, SIMCOE, ON, N3Y-4R4

Long-Term Care Home/Foyer de soins de longue durée

CEDARWOOD VILLAGE
500 QUEENSWAY WEST, SIMCOE, ON, N3Y-4R4

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

RICHARD HAYDEN (127)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the administrator, resident assessment instrument (RAI) coordinator, maintenance manager, registered staff and non-registered staff regarding H-001535-11, H-001781-11 and H-001901-11.

During the course of the inspection, the inspector(s) reviewed staff schedules and toured the home.

The following Inspection Protocols were used during this inspection:

Safe and Secure Home

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.)
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16.

Findings/Faits saillants :

1. On September 28, 2011, the inspector observed the following resident-accessible windows to not have their openings restricted to 15 centimetres:
- a. one window in the 1st Floor Sun Room;
 - b. one window in the 2nd Floor Sun Room;
 - c. windows in the 2nd Floor hallway outside dining rooms 3 and 4; and
 - d. windows in 2nd Floor dining rooms 3 and 4.

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following subsections:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. On September 28, 2011, the inspector met with the RAI Coordinator who is responsible for creating the staff schedule and she confirmed the home does not have 24/7 registered nurse (RN) coverage. One RN is on leave and is not scheduled to return until 2012. At present, shifts are covered by having two registered practical nurses on shift where no RN is available. After the RN returns in 2012, the home will have 3 full-time RNs to cover days, evenings and nights but there will still be a staff shortage in that ten 8-hour shifts per 2-week schedule will not be covered nor will the vacation and sick time absences of the full-time RNs. The RAI Coordinator indicated she covers 2 evening weekend shifts per 2-week cycle.

On September 29, 2011, the inspector met with the administrator who confirmed the information outlined above.

This non-compliance of LTCHA, 2007, s.8(3) for failing to ensure a registered nurse is in the home at all times was previously identified in the inspection report H-00583-11 dated March 25, 2011.

Additional Required Actions:

CO # - 001, 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home
Specifically failed to comply with the following subsections:**

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

i. kept closed and locked,

ii. equipped with a door access control system that is kept on at all times, and

iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Findings/Faits saillants :

1. On September 28, 2011, the inspector observed the following doors were not locked, not equipped with a door access control system and/or not equipped with an audible door alarm that allows calls to be cancelled only at the point of activation:

1. Door leading from the main hallway area on the 1st floor into the retirement home section;

2. Door leading from the main hallway area on the 1st floor into a stairway (Stair 2);

3. Door leading from the main entrance area on the 1st floor into a stairway (Stair 3)

4. Door leading from the main hallway area on the 1st floor into a stairway (Stair 1);

5. Door leading from the 1st Floor Sun Room/Lounge to an unsecured outside area. The alarm cancellation button is located in the 1st floor main hallway, approximately 7 metres from the door. The door can not be seen / is not in direct line of sight while standing at the alarm cancellation button;

6. Door leading from the 2nd floor hallway into a stairway (Stair 3); and

7. Door leading from the 2nd floor main hallway area into the retirement home section.



Ministry of Health and
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Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT
CONFORME AUX EXIGENCES:

CORRECTED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 r. 16.	CO #901	2011_060127_0033	127

Issued on this 21st day of November, 2011

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	RICHARD HAYDEN (127)
Inspection No. / No de l'inspection :	2011_060127_0033
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Sep 28, 29, Oct 3, 6, 17, 18, 2011
Licensee / Titulaire de permis :	MAPLEWOOD NURSING HOME LIMITED 500 QUEENSWAY WEST, SIMCOE, ON, N3Y-4R4
LTC Home / Foyer de SLD :	CEDARWOOD VILLAGE 500 QUEENSWAY WEST, SIMCOE, ON, N3Y-4R4
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	WALTER SGUAZZIN

To MAPLEWOOD NURSING HOME LIMITED, you are hereby required to comply with the following order(s) by the date (s) set out below:



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # / Ordre no :	901	Order Type / Genre d'ordre :	Compliance Orders, s. 153. (1) (a)
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Pursuant to / Aux termes de :

O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16.

Order / Ordre :

The licensee, Maplewood Nursing Home Limited, shall immediately restrict the openings of all resident-accessible windows to not more than 15 centimetres at Cedarwood Village, 500 Queensway West, Simcoe ON N3Y 4R4.

Grounds / Motifs :

1. On September 28, 2011, the inspector observed the following resident-accessible windows to not have their openings restricted to 15 centimetres:
one window in the 1st Floor Sun Room;
one window in the 2nd Floor Sun Room;
windows in the 2nd Floor hallway outside dining rooms 3 and 4; and
windows in the 2nd Floor dining rooms 2 and 3. (127)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Immediate



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The licensee, Maplewood Nursing Home Limited, shall hire a sufficient number of registered nurses to ensure there is a member of the regular nursing staff on duty and present at Cedarwood Village, 500 Queensway West, Simcoe ON N3Y 4R4, at all times.

Grounds / Motifs :

1. On September 29, 2011, the inspector met with the RAI Coordinator. She confirmed she is responsible for creating the schedule and that the home does not have 24/7 RN coverage. One registered nurse (RN) is on leave and is not scheduled to return until 2012. At present, shifts are covered by having two registered practical nurses on shift where no RN is available. After the RN returns in 2012, the home will have 3 full-time RNs to cover days, evenings and nights but there will still be a staff shortage in that 10 x 8-hour shifts per 2-week schedule will not be covered nor will the vacation and sick time absences. She indicated she covers 2 evening weekend shifts in a 2-week cycle.

On September 29, 2011, the inspector met with the administrator who confirmed the information outlined above.

This non-compliance of LTCHA, 2007, s.8(3) for failing to ensure a registered nurse is in the home at all times was previously identified in the inspection report H-00583-11 dated March 25, 2011. (127)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2011

Order # /

Ordre no : 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

O.Reg 79/10, s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,

i. kept closed and locked,

ii. equipped with a door access control system that is kept on at all times, and

iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,

A. is connected to the resident-staff communication and response system, or

B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.

1.1. All doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, must be equipped with locks to restrict unsupervised access to those areas by residents.

2. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents.

3. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed and maintained so they can be readily released from the outside in an emergency.

4. All alarms for doors leading to the outside must be connected to a back-up power supply, unless the home is not served by a generator, in which case the staff of the home shall monitor the doors leading to the outside in accordance with the procedures set out in the home's emergency plans. O. Reg. 79/10, s. 9. (1).

Order / Ordre :

The licensee, Maplewood Nursing Home Limited, shall:

1. Install locks on the following seven (7) doors at Cedarwood Village, 500 Queensway West, Simcoe ON N3Y 4R4:

- a. The doors leading from the 1st floor into the retirement home section, Stair 1, Stair 2 and Stair 3;
- b. The door leading from the 1st floor Sun Room/Lounge to an outside unsecured area; and
- c. The doors leading from the 2nd floor into the retirement home section and Stair 3.

2. Keep these doors closed and locked.

3. Install connections from the door access control system to these doors.

4. Keep the door access control system for these doors on at all times.

5. Install an audible door alarm that allows calls to be cancelled only at the point of activation that is connected to the resident-staff communication and response system, or is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at the door leading from the 1st floor the Sun Room/Lounge to the outside.

Grounds / Motifs :



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

1. On September 28, 2011, the inspector observed the following doors were not locked, not equipped with a door access control system and/or not equipped with an audible door alarm that allows calls to be cancelled only at the point of activation:

1. Door leading from the main hallway area on the 1st floor into the retirement home section;
2. Door leading from the main hallway area on the 1st floor into a stairway (Stair 2);
3. Door leading from the main entrance area on the 1st floor into a stairway (Stair 3)
4. Door leading from the main hallway area on the 1st floor into a stairway (Stair 1);
5. Door leading from the 1st floor Sun Room/Lounge to an unsecured outside area. The alarm cancellation button is located in the 1st floor main hallway, approximately 7 metres from the door. The door can not be seen / is not in direct line of sight while standing at the alarm cancellation button;
6. Door leading from the 2nd floor hallway into a stairway (Stair 3); and
7. Door leading from the 2nd floor main hallway area into the retirement home section. (127)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Nov 30, 2011



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

Order # /

Ordre no : 003

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The licensee, Maplewood Nursing Home Limited, shall:

1. Prepare a plan to ensure there is a registered nurse on duty and present at Cedarwood Village, 500 Queensway West, Simcoe ON N3Y 4R4, at all times for the interim time period until the licensee is successful in hiring a sufficient number of registered nurses to ensure there is a member of the regular nursing staff on duty and present at the home at all times.
2. Submit the plan to Richard Hayden, Long Term Care Homes Inspector, via regular mail to Ministry of Health and Long-Term Care, Performance Improvement and Compliance Branch, Hamilton Service Area Office, 11th Floor, 119 King Street West, Hamilton ON L8P 4Y7 or e-mail at Richard.Hayden@ontario.ca
3. Implement the plan at Cedarwood Village, 500 Queensway West, Simcoe ON N3Y 4R4.

Grounds / Motifs :

1. On September 29, 2011, the inspector met with the RAI Coordinator. She confirmed she is responsible for creating the schedule and that the home does not have 24/7 RN coverage. One registered nurse (RN) is on leave and is not scheduled to return until 2012. At present, shifts are covered by having two registered practical nurses on shift where no RN is available. After the RN returns in 2012, the home will have 3 full-time RNs to cover days, evenings and nights but there will still be a staff shortage in that 10 x 8-hour shifts per 2-week schedule will not be covered nor will the vacation and sick time absences. She indicated she covers 2 evening weekend shifts in a 2-week cycle. (127)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 25, 2011



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
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Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the *Long-Term Care Homes Act, 2007*.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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section 154 of the *Long-Term Care
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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 18th day of October, 2011

**Signature of Inspector /
Signature de l'inspecteur :**

Name of Inspector /

Nom de l'inspecteur : RICHARD HAYDEN

Service Area Office /

Bureau régional de services : Hamilton Service Area Office